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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/844,145	04/27/2001	Gary A. Goetzke	P-9642.00	1766
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MEDTRONIC, INC. 710 MEDTRONIC PARK MINNEAPOLIS, MN 55432-9924			GLASS, RUSSELL S	
			ART UNIT	PAPER NUMBER
			3626	

DATE MAILED: 05/04/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Office Action Summary</b>	<b>Application No.</b> 09/844,145	<b>Applicant(s)</b> GOETZKE ET AL.	
	<b>Examiner</b> Russell S. Glass	<b>Art Unit</b> 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 27 April 2001.
- 2a) ☐ This action is **FINAL**.                      2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 1-30 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-30 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☒ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All    b) ☐ Some \* c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- \* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- |  |   |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)  | 4) <input type="checkbox"/> Interview Summary (PTO-413)<br>Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)   | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152)             |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)<br>Paper No(s)/Mail Date <u>5/31/2001</u> . | 6) <input type="checkbox"/> Other: _____  |

**DETAILED ACTION*****Double Patenting***

The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the conflicting claims are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or would have been obvious over, the reference claim(s). See, e.g., *In re Berg*, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington*, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement.

Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

**1. Claims 1-30 are provisionally rejected on the ground of nonstatutory double patenting over claims 1-30 of copending Application No. 09/844195.** This is a provisional double patenting rejection since the conflicting claims have not yet been patented.

The subject matter claimed in the instant application is fully disclosed in the referenced copending application and would be covered by any patent granted on that copending application since the referenced copending application and the instant application are claiming common subject matter, as follows: The method for identifying individuals at risk for chronic pain in application number 09/844195 contains

substantially the same method steps as the method for chronic pain medical resources forecasting in the present application.

Furthermore, there is no apparent reason why applicant would be prevented from presenting claims corresponding to those of the instant application in the other copending application. See *In re Schneller*, 397 F.2d 350, 158 USPQ 210 (CCPA 1968). See also MPEP § 804.

### ***Oath/Declaration***

2. The oath or declaration is defective. A new oath or declaration in compliance with 37 CFR 1.67(a) identifying this application by application number and filing date is required. See MPEP §§ 602.01 and 602.02.

The oath or declaration is defective because it is not executed by all inventors in accordance with either 37 CFR 1.66 or 1.68.

### ***Claim Rejections - 35 USC § 103***

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. **Claims 1-3, 6, 7, 9, 10, 13-15, 17, 18, 21, 24, 27-30 are rejected under 35 U.S.C. 103(a) as being unpatentable over Hu et al., (U.S. 6,110,109) in view of Comanor et al., (5,860,917).**

4. As per claim 1, Hu discloses a method for medical forecasting, comprising:
  - selecting direct medical indicia that serve as independent variables, (Hu, col. 2, lines 4-37);
  - selecting indirect medical indicia that serve as independent variables, (Hu, col. 2, lines 4-37);
  - selecting non-medical indicia that serve as independent variables, (Hu, col. 2, lines 4-37);
  - selecting an indication that serves as a dependent variable, (Hu, col. 1, lines 43-61);
  - creating a forecasting model using direct medical indicia, indirect medical indicia, non-medical indicia, and an indication, (Hu, col. 1, lines 43-61); and,
  - applying the model to a patient to create a patient mathematical expression, (Hu, Fig. 1).

Hu fails to disclose forecasting medical resources for a chronic pain patient by comparing each patient mathematical expression to selection objectives. However, such a method is well known in the art as evidenced by Comanor, (Comanor, col. 3, lines 28-32; col. 5, lines 7-11) (disclosing the production of a statistical model for projecting or forecasting a patient response to a treatment regimen, such response being indicative of required medical resources).

It would have been obvious to one of ordinary skill in the art at the time of the invention to combine Comanor with Hu. The motivation would have been to produce

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robust, statistically significant models that assist clinicians in determining therapies, (Comanor, Abstract).

5. As per claim 2, Hu discloses a method wherein the model comprises:  
a logic structure to define a logical decision process to operate on the independent variables and to progressively reach greater certainty about the patient forecast, (Hu, col. 1, lines 42-61; col. 2, lines 4-37);

weighted variables to reflect greater relevance of certain direct medical indicia, indirect medical indicia, and non-medical indicia to the indication, (Hu, col. 9); and,  
equations that represent relationships between or among weighted variables to form an inference engine, (Hu, col. 10).

Hu fails to disclose chronic pain forecasting models. However, such models are well known in the art as evidenced by Comanor, (Comanor, col. 3, lines 28-32; col. 5, lines 7-11) (disclosing the production of a statistical model for projecting or forecasting a patient response to a treatment regimen, such response being indicative of required medical resources).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

6. As per claim 3, Hu discloses a method wherein the chronic pain forecasting inference engine comprises:

dependent variables, independent variables and equations, (Hu, col. 4, lines 11-51).

Hu fails to disclose a minimum number of variables. However, it would have been obvious to one of ordinary skill in the art at the time of the invention to process a large amount of data by including many variables. The motivation would have been to create an accurate model that took into account many variables.

Hu fails to disclose chronic pain forecasting models. However, such models are well known in the art as evidenced by Comanor, (Comanor, col. 3, lines 28-32; col. 5, lines 7-11) (disclosing the production of a statistical model for projecting or forecasting a patient response to a treatment regimen, such response being indicative of required medical resources).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

7. As per claim 6, Hu discloses a method wherein the weighted variables are developed using logistical regression to establish relationships between the dependent variable and independent variables, (Hu, col. 12, lines 7-47).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

8. As per claim 7, Comanor discloses a method wherein the weighted variables are

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developed using discriminate analysis to establish relationships between the dependent variable and independent variables, (Comanor, col. 10).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

9. As per claim 9, Hu discloses a method wherein the chronic pain patient's forecast is identified with a patient mathematical expression generated by the inference engine operating on the patient indicia and the indication, (Hu, col. 1, lines 42-61).

Hu fails to disclose chronic pain forecasting models. However, such models are well known in the art as evidenced by Comanor, (Comanor, col. 3, lines 28-32; col. 5, lines 7-11) (disclosing the production of a statistical model for projecting or forecasting a patient response to a treatment regimen, such response being indicative of required medical resources).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

10. As per claim 10, Hu discloses a method wherein the patient indicia are monitored for changes and the patient mathematical expression is updated when patient indicia change, (Hu, col. 2, lines 38-57).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.



11. As per claim 13, Hu discloses a method further comprising:

establishing categorization preferences that specify patient forecast characteristics that are desired to be selected, (Hu, col. 2, lines 38-57);

calculating the categorization preferences with each chronic pain patient's mathematical expression to identify relationships between the categorization preferences and each potential chronic pain patient's mathematical expression, (Hu, col. 1, lines 42-61); and,

categorizing each chronic pain patient based upon the relationships between the categorization preferences and each chronic pain patient's mathematical expression, (Hu, col. 3, lines 18-56). Hu fails to disclose chronic pain forecasting models. However, such models are well known in the art as evidenced by Comanor, (Comanor, col. 3, lines 28-32; col. 5, lines 7-11) (disclosing the production of a statistical model for projecting or forecasting a patient response to a treatment regimen, such response being indicative of required medical resources).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

12. As per claims 14 and 15, Hu discloses a method comprising, considering each chronic pain patient based upon lifestyle choices to adjust categorization, wherein lifestyle choices are selected from the group consisting of smoking, alcohol consumption, obesity, job choice, activity level, sporting activities, seatbelt use, and

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helmet use. (Hu, col. 1) (disclosing various disease prediction factors, based upon lifestyle choices such as smoking and drinking, to adjust categorization).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

13. As per claim 17, Comanor discloses a method wherein the direct medical indicia are related to chronic pain in a known medical manner and recorded by a clinician, (Comanor, col. 15, lines 58-62).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

14. As per claim 18, Comanor discloses a method wherein the direct medical indicia are independent variables selected from the group consisting of primary diagnosis, associated secondary diagnosis, co-morbidities, drug treatment regimen, telephone consultations with a clinician, trauma episodes, palliative care, rehabilitative care, clinician office visits, emergency room visits, and hospitalizations, (Comanor, col. 5, lines 20-37)(disclosing office visits).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

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15. As per claim 20, Comanor discloses a method wherein indirect medical indicia are a chronic pain co-morbidity that is recorded by a clinician, (Comanor, col. 1; col. 3, lines 28-32; col. 5, lines 7-11; col. 15, lines 58-62).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

16. As per claim 21, Hu discloses a method wherein the indirect medical indicia are independent variables selected from the group consisting of mental health condition, acute respiratory episodes, diabetes, and heart failure, (Hu, col. 1 and 2)(disclosing heart disease).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

17. As per claim 24, Hu discloses a method wherein the sources for non-medical indicia are selected from the group consisting of medical records, patient surveys, patient self-reports, employer databases, workers' compensation records, medical chart reviews, patient interviews, treating clinician interviews, and family member interviews, (Hu, col. 10, lines 40-46)(disclosing patient surveys).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

18. As per claim 27, Hu discloses a method wherein the chronic pain patients are selected from the group consisting of payer database, employer database, clinician database, and workers' compensation database, (Hu, col. 2, lines 38-57)(disclosing selecting patients from a clinician database).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

19. As per claim 28, Hu discloses a method for chronic pain patient dynamic medical resources forecasting, comprising:

accessing a chronic pain forecasting model having direct medical indicia, indirect medical indicia, non-medical indicia, and a chronic pain indication that are arranged logic structure, with weighted variables, and equations representing relationship between or among the variables, (Hu, col. 1, lines 42-61; col. 2, lines 4-20; col. 9);

applying the chronic pain forecasting model to a chronic pain patient to create a patient mathematical expression, (Hu, fig. 1; col. 1, lines 13-28);

forecasting chronic pain patient medical resources by comparing each patient mathematical expression to selection objectives, (Hu, col. 1, lines 42-61);

establishing categorization preferences that specify characteristics of a forecast that are desired to be categorized, (Hu, col. 2, lines 38-57);

calculating the categorization preferences with each chronic pain patient's mathematical expression to identify relationships between the categorization

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preferences and each potential chronic pain patient's mathematical expression, (Hu, col. 1, lines 42-61);

categorizing the forecast based upon the relationships between the categorization preferences and each chronic pain patient's mathematical expression, (Hu, col. 3, lines 18-56); and,

monitoring the chronic pain patient's direct medical indicia, indirect medical indicia, and non-medical indicia for changes and updating the patient's mathematical expression based upon changes to the potential chronic pain patient's direct medical indicia, indirect medical indicia, and non-medical indicia, (Hu, col. 2, lines 38-57).

Hu fails to disclose chronic pain forecasting models. However, such models are well known in the art as evidenced by Comanor, (Comanor, col. 3, lines 28-32; col. 5, lines 7-11) (disclosing the production of a statistical model for projecting or forecasting a patient response to a treatment regimen, such response being indicative of required medical resources).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

20. As per claims 29 and 30, Hu discloses a computer software product that includes a medium readable by a computer, the medium having stored thereon instructions for forecasting chronic pain patient medical resources, comprising:

a first set of instructions when executed by the computer, causes the computer access a chronic pain forecasting model having direct medical indicia, indirect medical

indicia, non-medical indicia, and a chronic pain indication that are arranged logic structure, with weighted variables, and equations representing relationship between or among the variables, (Hu, col. 1, lines 42-61; col. 2, lines 4-20; col. 9);

a second set of instructions when executed by the computer, causes the computer to applying the chronic pain forecasting model to a chronic pain patient to create a patient mathematical expression, (Hu, fig. 1; col. 1, lines 13-28); and,

a third set of instructions when executed by the computer, cause the computer to forecast chronic pain patient medical resources comparing each patient mathematical expression to selection objectives, (Hu, col. 1, lines 42-61); and,

a fourth set of instruction when executed by the computer, cause the computer to establish categorization preferences that specify characteristic of a forecast that are desired to be categorized, (Hu, col. 2, lines 38-57);

a fifth set of instruction when executed by the computer, cause the computer to calculate the categorization preferences with each chronic pain patient's mathematical expression to identify relationships between the categorization preferences and each chronic pain patient's mathematical expression, (Hu, col. 1, lines 42-61); and,

a sixth set of instruction when executed by the computer, cause the computer to categorize the forecast based upon the relationships between the categorization preferences and each chronic pain patient's mathematical expression, (Hu, col. 3, lines 18-56).

Hu fails to disclose chronic pain forecasting models. However, such models are well known in the art as evidenced by Comanor, (Comanor, col. 3, lines 28-32; col. 5,

lines 7-11) (disclosing the production of a statistical model for projecting or forecasting a patient response to a treatment regimen, such response being indicative of required medical resources).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

**21. Claims 4, 5 rejected under 35 U.S.C. 103(a) as being unpatentable over Hu et al., (U.S. 6,110,109) in view of Comanor et al., (5,860,917) and further in view of Goldman et al., (U.S. 2001/0054032).**

22. As per claims 4 and 5, the collective system of Hu and Comanor fails to disclose a method wherein the logic structure is developed using Chi-Square Automatic Interaction Detection (CHAID) analysis or Classification Adjusted Regression Tree (CART) analysis to establish relationships between a dependent variable and independent variables.

However, using CHAID and CART to establish relationships between a dependent variable and independent variables is well known in the art as evidenced by Goldman, (Goldman, (U.S. 2001/0054032).

It would have been obvious to one of ordinary skill in the art to combine Goldman with the collective system of Hu and Comanor. The motivation would have been to use a known statistical mechanism to determine correlations among data, (Goldman, ¶ 118).

**23. Claim 8 is rejected under 35 U.S.C. 103(a) as being unpatentable over Hu et al., (U.S. 6,110,109) in view of Comanor et al., (5,860,917) and further in view of Blum et al., (U.S. 5,500,343).**

24. As per claim 8, The collective system of Hu and Comanor fails to disclose a method wherein appropriateness of patient indicia is evaluated using the Hosmer-Lemeshow Goodness of Fit Analysis. However, such a method is well-known in the art as evidenced by Blum, (Blum, col. 57, lines 31-42).

It would have been obvious to one of ordinary skill in the art to add Blum to the collective system of Hu and Comanor. The motivation would have been to determine whether the model fits the data, (Blum, col. 57, lines 31-42).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

**25. Claims 11, 12, 19, 22, 23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Hu et al., (U.S. 6,110,109) in view of Comanor et al., (5,860,917) and further in view of Wong et al., (U.S. 5,976,082).**

26. As per claims 11 and 12, the collective system of Hu and Comanor fails discloses a method wherein forecasted medical resources costs are adjusted by a medical financial index to improve accuracy of the forecasted medical resources costs over time,



wherein the medical financial index is selected from the group consisting of Consumers Price Index (CPI) Medical and Healthcare Financing Administration (HCFA) Hospital Market Basket. However, using such an index to adjust healthcare costs is well known in the art as evidenced by Wong, (Wong, fig. 6B; col. 1, line 60-col. 2, line 7; col. 14).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

27. As per claim 19, the collective system of Hu and Comanor fails to disclose a method wherein the sources for direct medical indicia are selected from the group consisting of claims records, medical records, workers' compensation records, and employer records. However, such a method is well known in the art as evidenced by Wong, (Wong, col. 3, lines 49-60).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

28. As per claim 22, the collective system of Hu and Comanor fails to disclose a method wherein the sources for indirect medical indicia are selected from the group consisting of claims records, medical records, workers' compensation records, and employer records. However, such a method is well known in the art as evidenced by Wong, (Wong, col. 3, lines 49-60).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

29. As per claim 23, the collective system of Hu and Comanor fails to disclose a method wherein the non-medical indicia are independent variables selected from the group consisting of pain perception factors, life satisfaction measures, patient support structure, day-time distractions, marital relationship quality, and job satisfaction, (Wong, col. 12, line 55)(disclosing adverse lifestyle diagnoses as independent variables that are considered to include factors such as pain perception factors, life satisfaction measures, patient support structure, day-time distractions, marital relationship quality, and job satisfaction).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

**30. Claim 16 is rejected under 35 U.S.C. 103(a) as being unpatentable over Hu et al., (U.S. 6,110,109) in view of Comanor et al., (5,860,917) and further in view of Whiting-O'Keefe, (U.S. 6,061,657).**

31. As per claim 16, the collective system of Hu and Comanor fails to disclose a method wherein the selection objectives are selected from the group consisting of treatment time period, experimental procedures, invasive procedures, back-to-work date, standard of care, case manager for care, and treatment provider names. However, such selection objectives are well-known in the art as evidenced by Whiting-

O'Keefe, (Whiting-O'Keefe, Abstract; col. 1) (disclosing length of stay that is considered to be equivalent to treatment time period).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

**32. Claims 25, 26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Hu et al., (U.S. 6,110,109) in view of Comanor et al., (5,860,917) and further in view of Grouhel et al., (U.S. 6,353,024).**

33. As per claim 25 and 26, the collective system of Hu and Comanor fails to disclose a method wherein the chronic pain indication is selected from the group consisting of Peripheral Neuropathy; Stump Pain; Phantom Pain; Complex Regional Pain Syndrome Type I (Reflex Sympathetic Dystrophy); Complex Regional Pain Syndrome Type II (Causalgia); Central Pain; Rheumatoid Arthritis; Osteoarthritis; Sickle Cell Arthropathy; Stiff Man Syndrome; Osteoporosis; Guillain-Barre Syndrome; Superior Pulmonary Sulcus Syndrome (Pancoast Tumor); Pain of Skeletal Metastatic Disease of the Neck, Arm, or Shoulder Girdle; Carcinoma of Thyroid; Post Herpetic Neuralgia; Syphilis (Tabes Dorsalis and Hypertrophic Pachymeningitis); Primary Tumor of a Vertebral Body; Radicular Pain Attributable to a Prolapsed Cervical Disk; Traumatic Avulsion of Nerve Roots; Primary Tumor of a Vertegral Body; Radicular Pain Attributable to a Thoracic Disk; Chemical Irritation of the Brachial Plexus; Traumatic Avulsion of the Brachial Plexus; Postradiation Pain of the Brachial Plexus; Painful Arms

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and Moving Fingers; Brachial Neuritis (Brachial Neuropathy, Neuralgic Amyotrophy, Parsonage-Turner Syndrome); Raynaud's Disease; Raynaud's Phenomenon; Frostbite and Cold Injury; Brythema Pernio (Chilblains); Acrocyanosis; Livedo Reticularis; Volkmann's Ischemic Contracture; Thromboangiitis; Intermittent Claudication; Rest Pain; Gangrene Due to Arterial Insufficiency; Other Postinfectious and Segmental Peripheral Neuralgia; Angina Pectoris; Postmastectomy Pain Syndrome (Chronic Nonmalignant); Late Postmastectomy Pain or Regional Carcinoma; Segmental or Intercostal Neuralgia; Chronic Pelvic Pain Without Obvious Pathology; Pain from Urinary Tract; Carcinoma of the Bladder; Lumbar Spinal or Radicular Pain after Failed Spinal Surgery; Spinal Stenosis (Cauda Equina Lesion); Pain referred from Abdominal or Pelvic Viscera or Vessels Perceived as Sacral Spinal Pain; Femoral Neuralgia; and, Sciatica Neuralgia, and wherein the source for chronic pain indications is the International Association for the Study of Pain (IASP) chronic pain guidelines

However, such a method is well known in the art as evidenced by Grouhel, (Grouhel, col. 4, line 59-col. 5, line 25)(disclosing osteoarthritis and IASP).

It would have been obvious to one of ordinary skill in the art to add Grouhel to the collective system of Hu and Comanor. The motivation would have been to have a comprehensive list of chronic pain conditions and to identify those conditions where pain persists beyond the normal healing time, (Grouhel, col. 5, lines 1-8).

The motivation to combine Hu and Comanor is as provided in the rejection of claim 1 and incorporated herein by reference.

**Conclusion**

34. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure is as follows: Lash, (U.S. 2001/0020229); Simpson, (U.S. 6,266,645); McCartney, (U.S. 5,778,345).

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Russell S. Glass whose telephone number is 571-272-3132. The examiner can normally be reached on M-F 8-5.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

RSG  
4/20/2006

*RSG*

  
C. LUKE GILLIGAN  
PATENT EXAMINER